

1 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

2
3 CERTIFICATE OF NEED (CON) REVIEW STANDARDS

4 **FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT (HLTCU) BEDS**

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6 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
7 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
8 sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

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10 **Section 1. Applicability**

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12 Sec. 1. (1) These standards are requirements for approval and delivery of **NURSING HOMES AND**
13 **HLTCU services for all projects approved and certificates of need issued** under Part 222 of the Code
14 **which involve nursing homes and hospital long-term-care units.**

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16 ~~(2) A nursing home licensed under Part 217 and a hospital long-term-care unit (HLTCU) defined in~~
17 ~~Section 20106(6) are covered health facilities for purposes of Part 222 of the Code.~~

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19 ~~(3) The Department shall use sections 3, 4, 5, 6, 7, 8, 9, 12, 13, and 14 of these standards, as~~
20 ~~applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan~~
21 ~~Compiled Laws.~~

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23 ~~(4) The Department shall use Section 11 of these standards, as applicable, in applying AND Section~~
24 ~~22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.~~

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26 ~~(5) The Department shall use Section 10(2) of these standards, as applicable, in applying Section~~
27 ~~22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws.~~

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30 **Section 2. Definitions**

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32 Sec. 2. (1) As used in these standards:

33 (a) "Acquisition of an existing nursing home/HLTCU" means the issuance of a new nursing
34 home/HLTCU license as the result of the acquisition (including purchase, lease, donation, or other
35 comparable arrangement) of an existing licensed and operating nursing home/HLTCU and which does not
36 involve a change in bed capacity of that health facility.

37 (b) "ADC adjustment factor" means the factor by which the average daily census (ADC), derived
38 during the bed need methodology calculation set forth in Section 3(2)(d) for each planning area, is divided.
39 For planning areas with an ADC of less than 100, the ADC adjustment factor is 0.90 and for planning
40 areas with an ADC of 100 or more, the ADC adjustment factor is 0.95.

41 (c) "Applicant's cash" means the total unrestricted cash, designated funds, and restricted funds
42 reported by the applicant as the source of funds in the application.

43 (d) "Base year" means 1987 or the most recent year for which verifiable data collected as part of
44 the Michigan Department of Community Health Annual Survey of Long-Term-Care Facilities or other
45 comparable MDCH survey instrument are available.

46 (e) "Certificate of Need Commission" or "Commission" means the commission created pursuant to
47 Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

48 (f) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et
49 seq. of the Michigan Compiled Laws.

50 (g) "Common ownership or control" means a nursing home, regardless of the state in which it is
51 located, that is owned by, is under common control of, or has a common parent as the applicant nursing
52 home pursuant to the definition of common ownership or control utilized by the Department's Bureau of
53 Health Systems.

- 54 (h) "Comparative group" means the applications which have been grouped for the same type of
55 project in the same planning area or statewide special pool group and which are being reviewed
56 comparatively in accordance with the CON rules.
- 57 (i) "Converted space" means existing space in a health facility that is not currently licensed as part
58 of the nursing home/HLTCU and is proposed to be licensed as nursing home or HLTCU space. An
59 example is proposing to license home for the aged space as nursing home space.
- 60 (j) "Department" means the Michigan Department of Community Health (MDCH).
- 61 (k) "Department inventory of beds" means the current list, for each planning area maintained on a
62 continuing basis by the Department: (i) licensed nursing home beds and (ii) nursing home beds approved
63 by a valid CON issued under Part 222 of the Code which are not yet licensed. It does not include (a)
64 nursing home beds approved from the statewide pool and (b) short-term nursing care program beds
65 approved pursuant to Section 22210 of the Code, being Section 333.22210 of the Michigan Compiled
66 Laws.
- 67 (l) "Existing nursing home beds" means, for a specific planning area, the total of all nursing home
68 beds located within the planning area including: (i) licensed nursing home beds, (ii) nursing home beds
69 approved by a valid CON issued under Part 222 of the Code which are not yet licensed, (iii) proposed
70 nursing home beds under appeal from a final Department decision made under Part 222 or pending a
71 hearing from a proposed decision issued under Part 222 of the Code, and (iv) proposed nursing home
72 beds that are part of a completed application under Part 222 of the Code which is pending final
73 Department decision. (a) Nursing home beds approved from the statewide pool are excluded; and (b)
74 short-term nursing care program beds approved pursuant to Section 22210 of the Code, being Section
75 333.22210 of the Michigan Compiled Laws, are excluded.
- 76 (m) "Health service area" or "HSA" means the geographic area established for a health systems
77 agency pursuant to former Section 1511 of the Public Health Service Act and set forth in Section 14.
- 78 (n) "Hospital long-term-care unit" or "HLTCU" means a nursing care facility, owned and operated by
79 and as part of a hospital, that provides organized nursing care and medical treatment to seven (7) or more
80 unrelated individuals suffering or recovering from illness, injury, or infirmity.
- 81 (o) "Licensed only facility" means a licensed nursing home that is not certified for Medicare or
82 Medicaid.
- 83 (p) "Licensed site" means the location of the health facility authorized by license and listed on that
84 licensee's certificate of licensure.
- 85 (q) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6
86 and 1396r-8 to 1396v.
- 87 (r) "Metropolitan statistical area county" means a county located in a metropolitan statistical area
88 as that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by
89 the statistical policy office of the office of information and regulatory affairs of the United States office of
90 management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.
- 91 (s) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as
92 that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by
93 the statistical policy office of the office of information and regulatory affairs of the United States office of
94 management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix C.
- 95 (t) "New design model" means a nursing home/HLTCU built in accordance with specified design
96 requirements as identified in the applicable sections.
- 97 (u) ~~"Nonrenewal or revocation of license for cause" means that the Department did not renew or~~
98 ~~revoked the nursing home's/HLTCU's license based on the nursing home's/HLTCU's failure to comply with~~
99 ~~state licensing standards.~~
- 100 ~~(v) "Nonrenewal or termination of certification for cause" means the nursing home/HLTCU Medicare~~
101 ~~and/or Medicaid certification was terminated or not renewed based on the nursing home's/HLTCU's failure~~
102 ~~to comply with Medicare and/or Medicaid participation requirements.~~
- 103 ~~(w) "Nursing home" means a nursing care facility, including a county medical care facility, but~~
104 ~~excluding a hospital or a facility created by Act No. 152 of the Public Acts of 1885, as amended, being~~
105 ~~sections 36.1 to 36.12 of the Michigan Compiled Laws, that provides organized nursing care and medical~~

106 treatment to seven (7) or more unrelated individuals suffering or recovering from illness, injury, or infirmity.
107 This term applies to the licensee only and not the real property owner if different than the licensee.

108 ~~(xV)~~ "Nursing home bed" means a bed in a health facility licensed under Part 217 of the Code or a
109 licensed bed in a hospital long-term-care unit. The term does not include short-term nursing care program
110 beds approved pursuant to Section 22210 of the Code being Section 333.22210 of the Michigan Compiled
111 Laws or beds in health facilities listed in Section 22205(2) of the Code, being Section 333.22205(2) of the
112 Michigan Compiled Laws.

113 ~~(yW)~~ "Occupancy rate" means the percentage which expresses the ratio of the actual number of
114 patient days of care provided divided by the total number of patient days. Total patient days is calculated
115 by summing the number of licensed and/or CON approved but not yet licensed beds and multiplying these
116 beds by the number of days that they were licensed and/or CON approved but not yet licensed. This shall
117 include nursing home beds approved from the statewide pool. Occupancy rates shall be calculated using
118 verifiable data from either (i) the actual number of patient days of care for 12 continuous months of data
119 from the MDCH Annual Survey of Long-Term-Care Facilities or other comparable MDCH survey
120 instrument or (ii) the actual number of patient days of care for 4 continuous quarters of data as reported to
121 the Department for purposes of compiling the "Staffing/Bed Utilization Ratios Report," whichever is the
122 most recent available data.

123 ~~(zX)~~ "Planning area" means the geographic boundaries of each county in Michigan with the
124 exception of: (i) Houghton and Keweenaw counties, which are combined to form one planning area and (ii)
125 Wayne County which is divided into three planning areas. Section 12 identifies the three planning areas in
126 Wayne County and the specific geographic area included in each.

127 ~~(aaY)~~ "Planning year" means 1990 or the year in the future, at least three (3) years but no more than
128 seven (7) years, established by the CON Commission for which nursing home bed needs are developed.
129 The planning year shall be a year for which official population projections, from the Department of
130 Management and Budget or U.S. Census, data are available.

131 ~~(bb)~~ "Physically conforming beds," for purposes of Section 10(3), means beds which meet the
132 maximum occupancy and minimum square footage requirements as specified in Section 483.70(d)(1) of
133 the Code of Federal Regulations for Medicare certification (42 CFR) or any federal regulations for
134 Medicare certification addressing maximum occupancy and minimum square footage requirements
135 approved subsequent to the effective date of these standards.

136 ~~(eeZ)~~ "Qualifying project" means each application in a comparative group which has been reviewed
137 individually and has been determined by the Department to have satisfied all of the requirements of
138 Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws and all other
139 applicable requirements for approval in the Code and these standards.

140 ~~(ddAA)~~ "Relocation of existing nursing home/HLTCU beds" means a change in the location of existing
141 nursing home/HLTCU beds from the licensed site to a different licensed site within the planning area.

142 ~~(eeBB)~~ "Renewal of lease" means execution of a lease between the licensee and a real property owner
143 in which the total lease costs exceed the capital expenditure threshold.

144 ~~(ffCC)~~ "Replacement bed" means a change in the location of the licensed nursing home/HLTCU, the
145 replacement of a portion of the licensed beds at the same licensed site, or the replacement of a portion of
146 the licensed beds pursuant to the new model design. The nursing home/HLTCU beds will be in new
147 physical plant space being developed in new construction or in newly acquired space (purchase, lease,
148 donation, etc.) within the replacement zone.

149 ~~(ggDD)~~ "Replacement zone" means a proposed licensed site that is,
150 (i) for a rural or micropolitan statistical area county, within the same planning area as the existing
151 licensed site.
152 (ii) for a county that is not a rural or micropolitan statistical area county,
153 (A) within the same planning area as the existing licensed site and
154 (B) within a three-mile radius of the existing licensed site.

155 ~~(hhEE)~~ "Rural county" means a county not located in a metropolitan statistical area or micropolitan
156 statistical areas as those terms are defined under the "standards for defining metropolitan and
157 micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of

158 the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown
159 in Appendix C.

160 (ii) "Staffing/Bed Utilization Ratios Report" means the report issued by the Department on a
161 quarterly basis.

162 (jj) "Use rate" means the number of nursing home and hospital long-term-care unit days of care per
163 1,000 population during a one-year period.

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165 (2) The definitions in Part 222 of the Code shall apply to these standards.

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167 **Section 3. Determination of needed nursing home bed supply**

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169 Sec. 3 (1)(a) The age specific use rates for the planning year shall be the actual statewide age
170 specific nursing home use rates using data from the base year.

171 (b) The age cohorts for each planning area shall be: (i) age 0 - 64 years, (ii) age 65 - 74 years, (iii)
172 age 75 - 84 years, and (iv) age 85 and older.

173 (c) Until the base year is changed by the Commission in accord with Section 4(3) and Section 5,
174 the use rates for the base year for each corresponding age cohort, established in accord with subsection
175 (1)(b), are set forth in Appendix A.

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177 (2) The number of nursing home beds needed in a planning area shall be determined by the
178 following formula:

179 (a) Determine the population for the planning year for each separate planning area in the age
180 cohorts established in subsection (1)(b).

181 (b) Multiply each population age cohort by the corresponding use rate established in Appendix A.

182 (c) Sum the patient days resulting from the calculations performed in subsection (b). The resultant
183 figure is the total patient days.

184 (d) Divide the total patient days obtained in subsection (c) by 365 (or 366 for leap years) to obtain
185 the projected average daily census (ADC).

186 (e) The following shall be known as the ADC adjustment factor. (i) If the ADC determined in
187 subsection (d) is less than 100, divide the ADC by 0.90. (ii) If the ADC determined in subsection (d) is 100
188 or greater, divide the ADC by 0.95.

189 (f) The number determined in subsection (e) represents the number of nursing home beds needed
190 in a planning area for the planning year.

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192 **Section 4. Bed need**

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194 Sec. 4. (1) The bed need numbers shown in Appendix B and incorporated as part of these
195 standards shall apply to project applications subject to review under these standards, except where a
196 specific CON standard states otherwise.

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198 (2) The Department shall apply the bed need methodology in Section 3 on a biennial basis.

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200 (3) The base year and the planning year that shall be utilized in applying the methodology pursuant
201 to subsection (2) shall be set according to the most recent data available to the Department.

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203 (4) The effective date of the bed need numbers shall be established by the Commission.

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205 (5) New bed need numbers established by subsections (2) and (3) shall supersede the bed need
206 numbers shown in Appendix B and shall be included as an amended appendix to these standards.

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208 (6) Modifications made by the Commission pursuant to this section shall not require standard
209 advisory committee action, a public hearing, or submittal of the standard to the Legislature and the
210 Governor in order to become effective.

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Section 5. Modification of the age specific use rates by changing the base year

Sec. 5. (1) The base year shall be modified based on data obtained from the Department and presented to the Commission. The Department shall calculate use rates for each of the age cohorts set forth in Section 3(1)(b) and biennially present the revised use rates based on 2006 information, or the most recent base year information available biennially after 2006, to the CON Commission.

(2) The Commission shall establish the effective date of the modifications made pursuant to subsection (1).

(3) Modifications made by the Commission pursuant to subsection (1) shall not require standard advisory committee action, a public hearing, or submittal of the standard to the Legislature and the Governor in order to become effective.

Section 6. Requirements for approval to increase beds in a planning area

Sec. 6. An applicant proposing to increase the number of nursing home beds in a planning area must meet the following as applicable:

(1) An applicant proposing to increase the number of nursing home beds in a planning area by beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing licensed nursing home/HLTCU shall demonstrate the following:

(a) At the time of application, the applicant, as identified in the table, shall provide a report demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its nursing homes/HLTCUs:

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

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(i) A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.

(ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.

(iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.

(iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated from the quarter in which the standard survey was completed, in the state in which the nursing home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all licensed only facilities on the last two licensing surveys. However, if the facility has come under common ownership or control within 24 months of the date of the application, the first two licensing surveys as of the change of ownership date, shall be excluded.

255 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
 256 services.

257 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
 258 Program (QAAP) or Civil Monetary Penalties (CMP).

259 (b) The applicant certifies that the requirements found in the Minimum Design Standards for Health
 260 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as
 261 amended and are published by the Department, will be met when the architectural blueprints are
 262 submitted for review and approval by the Department.

263 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 264 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 265 include any unresolved deficiencies still outstanding with the Department.

266 (d) The proposed increase, if approved, will not result in the total number of existing nursing home
 267 beds in that planning area exceeding the needed nursing home bed supply set forth in Appendix B, unless
 268 one of the following is met:

269 (i) An applicant may request and be approved for up to a maximum of 20 beds if, when the total
 270 number of "existing nursing home beds" is subtracted from the bed need for the planning area set forth in
 271 Appendix B, the difference is equal to or more than 1 and equal to or less than 20. This subsection is not
 272 applicable to projects seeking approval for beds from the statewide pool of beds.

273 (ii) An exception to the number of beds may be approved, if the applicant facility has experienced
 274 an average occupancy rate of 97% for 12 quarters based on the Department's "Staffing/Bed Utilization
 275 Ratios Report." The number of beds that may be approved in excess of the bed need for each planning
 276 area identified in Appendix B is set forth in subsection (A).

277 (A) The number of beds that may be approved pursuant to this subsection shall be the number of
 278 beds necessary to reduce the occupancy rate for the planning area in which the additional beds are
 279 proposed to the ADC adjustment factor for that planning area as shown in Appendix B. The number of
 280 beds shall be calculated by (1) dividing the actual number of patient days of care provided during the most
 281 recent 12-month period for which verifiable data are available to the Department provided by all nursing
 282 home (including HLTCU) beds in the planning area, including patient days of care provided in beds
 283 approved from the statewide pool of beds and dividing that result by 365 (or 366 for leap years); (2)
 284 dividing the result of step (1) by the ADC adjustment factor for the planning area in which the beds are
 285 proposed to be added; (3) rounding the result of step (2) up to the next whole number; and (4) subtracting
 286 the total number of beds in the planning area including beds approved from the statewide pool of beds
 287 from the result of step (3). If the number of beds necessary to reduce the planning area occupancy rate to
 288 the ADC adjustment factor for that planning area is equal to or more than 20, the number of beds that may
 289 be approved pursuant to this subsection shall be up to that number of beds. If the number of beds
 290 necessary to reduce the planning area occupancy rate to the ADC adjustment factor for that planning area
 291 is less than 20, the number of additional beds that may be approved shall be that number of beds or up to
 292 a maximum of 20 beds.

293 (iii) An applicant may request and be approved for up to a maximum of 20 beds if the following
 294 requirements are met:

295 (A) The planning area in which the beds will be located shall have a population density of less than
 296 28 individuals per square mile based on the 2000 U.S. Census figures as set forth in Appendix D.

297 (B) The applicant facility has experienced an average occupancy rate of 92% for the most recent 24
 298 months based on the Department's "Staffing/Bed Utilization Ratios Report."

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300 (2) An applicant proposing to increase the number of nursing home beds in a planning area by
 301 beginning operation of a new nursing home/HLTCU or increasing the number of beds to an existing
 302 licensed nursing home/HLTCU pursuant to the new design model shall demonstrate the following:

303 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 304 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 305 nursing homes/HLTCUs:

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Type of Applicant	Reporting Requirement
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Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

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- (i) A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.
 - (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.
 - (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of the application.
 - (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated from the quarter in which the standard survey was completed, in the state in which the nursing home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all licensed only facilities on the last two licensing surveys. However, if the facility has come under common ownership or control within 24 months of the date of the application, the first two licensing surveys as of the change of ownership date, shall be excluded.
 - (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid Services.
 - (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment Program (QAAP) or Civil Monetary Penalties (CMP).
- (b) The proposed project results in no more than 100 beds per new design model and meets the following design standards:
- (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the construction standards shall be those applicable to nursing homes in the document entitled Minimum Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section 20145(6) of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future versions.
 - (ii) For small resident housing units of 10 beds or less that are supported by a central support inpatient facility, the construction standards shall be those applicable to hospice residences providing an inpatient level of care, except that:
 - (A) at least 100% of all resident sleeping rooms shall meet barrier free requirements;
 - (B) electronic nurse call systems shall be required in all facilities;
 - (C) handrails shall be required on both sides of patient corridors; and
 - (D) ceiling heights shall be a minimum of 7 feet 10 inches.
 - (iii) The proposed project shall comply with applicable life safety code requirements and shall be fully sprinkled and air conditioned.
 - (iv) The Department may waive construction requirements for new design model projects if authorized by law.
 - (c) The proposed project shall include at least 80% single occupancy resident rooms with an adjoining bathroom serving no more than two residents in both the central support inpatient facility and any supported small resident housing units.
 - (d) The proposed increase, if approved, will not result in the total number of existing nursing home beds in that planning area exceeding the needed nursing home bed supply set forth in Appendix B, unless the following is met:

352 (i) An approved project involves replacement of a portion of the beds of an existing facility at a
353 geographic location within the replacement zone that is not physically connected to the current licensed
354 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
355 license shall be issued to the facility at the new location.

356 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
357 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
358 include any unresolved deficiencies still outstanding with the Department.

359 **Section 7. Requirements for approval to relocate existing nursing home/HLTCU beds**

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362 Sec. 7. (1) An applicant proposing to relocate existing nursing home/HLTCU beds shall not be required to
363 be in compliance with the needed nursing home bed supply set forth in Appendix B, if the applicant
364 demonstrates all of the following:

365 (a) An existing nursing home may relocate no more than 50% of its beds to another existing nursing
366 home, and an existing HLTCU may relocate all or a portion of its beds to another existing nursing
367 home/HLTCU.

368 (b) The nursing home/HLTCU from which the beds are being relocated and the nursing
369 home/HLTCU receiving the beds shall not require any ownership relationship.

370 (c) The nursing home/HLTCU from which the beds are being relocated and the nursing
371 home/HLTCU receiving the beds must be located in the same planning area.

372 (d) The nursing home/HLTCU from which the beds are being relocated has not relocated any beds
373 within the last seven (7) years.

374 (e) The relocated beds shall be licensed to the receiving nursing home/HLTCU and will be counted
375 in the inventory for the applicable planning area.

376 (f) At the time of transfer to the receiving facility, patients in beds to be relocated must be given the
377 choice of remaining in another bed in the nursing home/HLTCU from which the beds are being transferred
378 or to the receiving nursing home/HLTCU. Patients shall not be involuntary discharged to create a vacant
379 bed.

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381 (2) An applicant proposing to add new nursing home/HLTCU beds, as the receiving existing nursing
382 home/HLTCU under subsection (1), shall not be required to be in compliance with the needed nursing
383 home bed supply set forth in Appendix B, if the applicant demonstrates all of the following:

384 (a) At the time of application, the applicant, as identified in the table, shall provide a report
385 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
386 nursing homes/HLTCUs:

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

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388 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
389 receivership within the last three years, or from the change of ownership date if the facility has come under
390 common ownership or control within 24 months of the date of the application.

391 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
392 facility has come under common ownership or control within 24 months of the date of the application.

393 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
394 initiated by the Department or licensing and certification agency in another state, within the last three
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396 years, or from the change of ownership date if the facility has come under common ownership or control
397 within 24 months of the date of the application.

398 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
399 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
400 from the quarter in which the standard survey was completed, in the state in which the nursing
401 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
402 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
403 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
404 the change of ownership date, shall be excluded.

405 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
406 Services.

407 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
408 Program (QAAP) or Civil Monetary Penalties (CMP).

409 (b) The approval of the proposed new nursing home/HLTCU beds shall not result in an increase in
410 the number of nursing home beds in the planning area.

411 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
412 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
413 include any unresolved deficiencies still outstanding with the Department.

414

415 **Section 8. Requirements for approval to replace beds**

416

417 Sec. 8. An applicant proposing to replace beds must meet the following as applicable.

418

419 (1) An applicant proposing to replace beds within the replacement zone shall not be required to be
420 in compliance with the needed nursing home bed supply set forth in Appendix B if the applicant
421 demonstrates all of the following:

422 (a) At the time of application, the applicant, as identified in the table, shall provide a report
423 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
424 nursing homes/HLTCUs:

425

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

426

427 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
428 receivership within the last three years, or from the change of ownership date if the facility has come under
429 common ownership or control within 24 months of the date of the application.

430 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
431 facility has come under common ownership or control within 24 months of the date of the application.

432 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
433 initiated by the Department or licensing and certification agency in another state, within the last three
434 years, or from the change of ownership date if the facility has come under common ownership or control
435 within 24 months of the date of the application.

436 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
437 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
438 from the quarter in which the standard survey was completed, in the state in which the nursing
439 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all

440 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
441 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
442 the change of ownership date, shall be excluded.

443 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
444 Services.

445 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
446 Program (QAAP) or Civil Monetary Penalties (CMP).

447 (b) The proposed project is either to replace the licensed nursing home/HLTCU to a new site or
448 replace a portion of the licensed beds at the existing licensed site.

449 (c) The proposed site is within the replacement zone.

450 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health
451 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as
452 amended and are published by the Department, will be met when the architectural blueprints are
453 submitted for review and approval by the Department.

454 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
455 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
456 include any unresolved deficiencies still outstanding with the Department.

457
458 (2) An applicant proposing to replace a licensed nursing home/HLTCU outside the replacement
459 zone shall demonstrate all of the following:

460 (a) At the time of application, the applicant, as identified in the table, shall provide a report
461 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
462 nursing homes/HLTCUs:

463

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

464

465 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
466 receivership within the last three years, or from the change of ownership date if the facility has come under
467 common ownership or control within 24 months of the date of the application.

468 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
469 facility has come under common ownership or control within 24 months of the date of the application.

470 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
471 initiated by the Department or licensing and certification agency in another state, within the last three
472 years, or from the change of ownership date if the facility has come under common ownership or control
473 within 24 months of the date of the application.

474 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
475 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
476 from the quarter in which the standard survey was completed, in the state in which the nursing
477 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
478 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
479 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
480 the change of ownership date, shall be excluded.

481 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
482 Services.

483 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
484 Program (QAAP) or Civil Monetary Penalties (CMP).
485 (b) The total number of existing nursing home beds in that planning area is equal to or less than the
486 needed nursing home bed supply set forth in Appendix B.
487 (c) The number of beds to be replaced is equal to or less than the number of currently licensed
488 beds at the nursing home/HLTCU at which the beds proposed for replacement are currently located.
489 (d) The applicant certifies that the requirements found in the Minimum Design Standards for Health
490 Care Facilities of Michigan, referenced in Section 20145 (6) of the Public Health Code, Act 368 of 1978, as
491 amended and are published by the Department, will be met when the architectural blueprints are
492 submitted for review and approval by the Department.
493 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
494 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
495 include any unresolved deficiencies still outstanding with the Department.
496
497 (3) An applicant proposing to replace beds with a new design model shall not be required to be in
498 compliance with the needed nursing home bed supply set forth in Appendix B if the applicant
499 demonstrates all of the following:
500 (a) The proposed project results in no more than 100 beds per new design model and meets the
501 following design standards:
502 (i) For inpatient facilities that are not limited to group resident housing of 10 beds or less, the
503 construction standards shall be those applicable to nursing homes in the document entitled Minimum
504 Design Standards for Health Care Facilities in Michigan and incorporated by reference in Section 20145(6)
505 of the Public Health Code, being Section 333.20145(6) of the Michigan Compiled Laws or any future
506 versions.
507 (ii) For small resident housing units of 10 beds or less that are supported by a central support
508 inpatient facility, the construction standards shall be those applicable to hospice residences providing an
509 inpatient level of care, except that:
510 (a) at least 100% of all resident sleeping rooms shall meet barrier free requirements;
511 (b) electronic nurse call systems shall be required in all facilities;
512 (c) handrails shall be required on both sides of patient corridors; and
513 (d) ceiling heights shall be a minimum of 7 feet 10 inches.
514 (iii) The proposed project shall comply with applicable life safety code requirements and shall be
515 fully sprinkled and air conditioned.
516 (iv) The Department may waive construction requirements for new design model projects if
517 authorized by law.
518 (b) The proposed project shall include at least 80% single occupancy resident rooms with an
519 adjoining bathroom serving no more than two residents in both the central support inpatient facility and
520 any supported small resident housing units. If the proposed project is for replacement/renovation of an
521 existing facility and utilizes only a portion of its currently licensed beds, the remaining rooms at the existing
522 facility shall not exceed double occupancy.
523 (c) The proposed project shall be within the replacement zone unless the applicant demonstrates
524 all of the following:
525 (i) The proposed site for the replacement beds is in the same planning area, and not within a three
526 mile radius of a licensed nursing home that has been newly constructed, or replaced (including approved
527 projects) within five calendar years prior to the date of the application,
528 (ii) The applicant shall provide a signed affidavit or resolution from its governing body or authorized
529 agent stating that the proposed licensed site will continue to provide service to the same market, and
530 (iii) The current patients of the facility/beds being replaced shall be admitted to the replacement
531 beds when the replacement beds are licensed, to the extent that those patients desire to transfer to the
532 replacement facility/beds.
533 (d) An approved project may involve replacement of a portion of the beds of an existing facility at a
534 geographic location within the replacement zone that is not physically connected to the current licensed
535 site. If a portion of the beds are replaced at a location that is not the current licensed site, a separate
536 license shall be issued to the facility at the new location.

537 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 538 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 539 include any unresolved deficiencies still outstanding with the Department.

541 **Section 9. Requirements for approval to acquire an existing nursing home/HLTCU or renew the**
 542 **lease of an existing nursing home/HLTCU**

544 Sec. 9. An applicant proposing to acquire an existing nursing home/HLTCU or renew the lease of an
 545 existing nursing home/HLTCU must meet the following as applicable:

547 (1) An applicant proposing to acquire an existing nursing home/HLTCU shall not be required to be
 548 in compliance with the needed nursing home bed supply set forth in Appendix B for the planning area in
 549 which the nursing home or HLTCU is located if the applicant demonstrates all of the following:

550 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 551 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 552 nursing homes/HLTCUs:

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

554 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
 555 receivership within the last three years, or from the change of ownership date if the facility has come under
 556 common ownership or control within 24 months of the date of the application.

558 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
 559 facility has come under common ownership or control within 24 months of the date of the application.

560 (iii) termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
 561 initiated by the Department or licensing and certification agency in another state, within the last three
 562 years, or from the change of ownership date if the facility has come under common ownership or control
 563 within 24 months of the date of the application.

564 (iv) A number of citations at Level D or above, excluding life safety code citations, on the scope and
 565 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
 566 from the quarter in which the standard survey was completed, in the state in which the nursing
 567 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
 568 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
 569 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
 570 the change of ownership date, shall be excluded.

571 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
 572 Services.

573 (vi) Outstanding debt obligation to the state of Michigan for quality assurance assessment program
 574 (QAAP) OR civil monetary penalties (CMP).

575 (b) The acquisition will not result in a change in bed capacity.

576 (c) The licensed site does not change as a result of the acquisition.

577 (d) The project is limited solely to the acquisition of a nursing home/HLTCU with a valid license.

578 (e) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 579 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 580 include any unresolved deficiencies still outstanding with the Department, and

581 (f) The applicant shall participate in a quality improvement program, such as My Innerview,
 582 Advancing Excellence, or another comparable program for five years and provide an annual report to the
 583 Michigan State Long-Term-Care Ombudsman, Bureau of Health Systems, and shall post the annual report
 584 in the facility if the facility being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v),
 585 or (vi).
 586

587 (2) An applicant proposing to acquire an existing nursing home/HLTCU approved pursuant to the
 588 new design model shall demonstrate the following:

589 (a) At the time of application, the applicant, as identified in the table, shall provide a report
 590 demonstrating that it does not meet any of the following conditions in 14%, but not more than five, of its
 591 nursing homes/HLTCUs:
 592

Type of Applicant	Reporting Requirement
Applicant with only Michigan nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with 10 or more Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan nursing homes/HLTCUs under common ownership or control
Applicant with fewer than 10 Michigan nursing homes/HLTCUs and out of state nursing homes/HLTCUs	All Michigan and out of state nursing homes/HLTCUs under common ownership or control

593 (i) A state enforcement action resulting in a license revocation, reduced license capacity, or
 594 receivership within the last three years, or from the change of ownership date if the facility has come under
 595 common ownership or control within 24 months of the date of the application.
 596

597 (ii) A filing for bankruptcy within the last three years, or from the change of ownership date if the
 598 facility has come under common ownership or control within 24 months of the date of the application.
 599

600 (iii) Termination of a Medical Assistance Provider Enrollment and Trading Partner Agreement
 601 initiated by the Department or licensing and certification agency in another state, within the last three
 602 years, or from the change of ownership date if the facility has come under common ownership or control
 603 within 24 months of the date of the application.

604 (iv) A number of citations at level D or above, excluding life safety code citations, on the scope and
 605 severity grid on two consecutive standard surveys that exceeds twice the statewide average, calculated
 606 from the quarter in which the standard survey was completed, in the state in which the nursing
 607 home/HLTCU is located. For licensed only facilities, a number of citations at two times the average of all
 608 licensed only facilities on the last two licensing surveys. However, if the facility has come under common
 609 ownership or control within 24 months of the date of the application, the first two licensing surveys as of
 610 the change of ownership date, shall be excluded.

611 (v) Currently listed as a special focus nursing home by the Center for Medicare and Medicaid
 612 Services.

613 (vi) Outstanding debt obligation to the State of Michigan for Quality Assurance Assessment
 614 Program (QAAP) or Civil Monetary Penalties (CMP).

615 (b) An applicant will continue to operate the existing nursing home/HLTCU pursuant to the new
 616 design model requirements.

617 (c) The applicant shall participate in a quality improvement program, such as My Innerview,
 618 Advancing Excellence, or another comparable program for five years and provide an annual report to the
 619 Michigan State Long-Term-Care Ombudsman, Bureau of Health Systems, and shall post the annual report
 620 in the facility if the facility being acquired has met any of conditions in subsections (a)(i), (ii), (iii), (iv), (v),
 621 or (vi).

622 (d) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 623 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 624 include any unresolved deficiencies still outstanding with the Department.

- 625 (3) An applicant proposing to renew the lease for an existing nursing home/HLTCU shall not be
 626 required to be in compliance with the needed nursing home bed supply set forth in Appendix B for the
 627 planning area in which the nursing home/HLTCU is located, if the applicant demonstrates all of the
 628 following:
- 629 (a) The lease renewal will not result in a change in bed capacity.
 - 630 (b) The licensed site does not change as a result of the lease renewal.
 - 631 (c) A Plan of Correction for cited state or federal code deficiencies at the health facility, if any, has
 632 been submitted and approved by the Bureau of Health Systems within the Department. Code deficiencies
 633 include any unresolved deficiencies still outstanding with the Department.

634 **Section 10. Review standards for comparative review**

635
 636
 637 Sec. 10. (1) Any application subject to comparative review, under Section 22229 of the Code, being
 638 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and
 639 reviewed comparatively with other applications in accordance with the CON rules.

640
 641 (2) The degree to which each application in a comparative group meets the criterion set forth in
 642 Section 22230 of the Code, being Section 333.22230 of the Michigan Compiled Laws, shall be determined
 643 based on the sum of points awarded under subsections (a), and (b).

644 (a) A qualifying project will be awarded points, ~~in accordance with the schedule set forth below~~ AS
 645 **FOLLOWS:**

646 (i) For an existing nursing home/HLTCU, the current percentage of ~~the nursing home's/HLTCU's~~
 647 patient days of care reimbursed by Medicaid for the most recent 12 months of operation.

648 (ii) For a new nursing home/HLTCU, the proposed percentage of ~~the nursing home/HLTCU's~~
 649 patient days of care to be reimbursed by Medicaid in the second 12 months of operation following project
 650 completion, ~~and annually, thereafter, for at least seven years.~~

Percentage of Medicaid Patient Days (calculated using total patient days for all existing and proposed beds at the facility)	Points Awarded	
	CURRENT	PROPOSED
0	0	0
1—19	3	3
20—39	6	3
40—59	9	9
60—100	12	5

652
 653 (b) A qualifying project will be awarded points as follows:

654 (i) Nine (9) points if 100%, six (6) points if 75%, and ~~three-FOUR (34)~~ points if 50% of the licensed
 655 nursing home beds at the facility are Medicaid certified for the most recent 12 months for an existing
 656 nursing home/HLTCU.

657 (ii) ~~Nine-SEVEN (97)~~ points if 100%, ~~six-FOUR (4)~~ points if 75%, and ~~three-TWO (32)~~ points if 50%
 658 of the proposed beds at the facility will be Medicaid certified for a new nursing home/HLTCU.

659
 660 (3) A qualifying project will be awarded points, ~~in accordance with the schedule set forth below,~~
 661 based on the most recent 12 months of participation level in the Medicare program for an existing nursing
 662 home/HLTCU and the proposed participation level for a new nursing home/HLTCU.

Participation Level	Points Awarded
No Medicare certification of	0
any physically conforming	

669 ~~existing and proposed beds.~~
 670
 671 Medicare certification of at least 1
 672 one (1) bed but less than 100% ~~of~~
 673 ~~all physically conforming~~
 674 ~~existing and proposed beds.~~

675
 676 Medicare certification of 100% of **23**
 677 all ~~physically conforming~~
 678 existing and proposed beds.

679
 680 (4) A qualifying project will ~~have BE DEDUCTED 15 points deducted based on~~ IF the applicant's
 681 record of compliance with applicable federal and state safety and operating standards for any nursing
 682 home/HLTCU owned and/or operated by the applicant in Michigan. Points shall be deducted in accord
 683 with the schedule set forth below if, after July 11, 1993, the records which are maintained by the
 684 Department document (a) any nonrenewal or revocation of license for cause and/or (b) nonrenewal or
 685 termination for cause of either Medicare or Medicaid certification of any Michigan nursing home/HLTCU
 686 owned and/or operated by the applicant. AT THE TIME THE APPLICATION IS SUBMITTED:

Nursing Home/HLTCU Compliance Action	Points Deducted
Nonrenewal or revocation of license	4
Nonrenewal or termination of:	
— Certification – Medicare	4
— Certification – Medicaid	4

- 688
 689 (A) IS CURRENTLY A SPECIAL FOCUS NURSING HOME/HLTCU AS IDENTIFIED BY THE
 690 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS);
 691 (B) HAS BEEN A SPECIAL FOCUS NURSING HOME/HLTCU WITHIN THE LAST TWO YEARS;
 692 (C) HAS HAD MORE THAN EIGHT (8) SUBSTANDARD QUALITY OF CARE CITATIONS;
 693 IMMEDIATE HARM CITATIONS, OR IMMEDIATE JEOPARDY CITATIONS IN THE THREE (3) MOST
 694 RECENT STANDARD SURVEY CYCLES (INCLUDES INTERVENING ABBREVIATED SURVEYS AND
 695 STANDARD SURVEYS);
 696 (D) HAS HAD AN INVOLUNTARY TERMINATION OR VOLUNTARY TERMINATION AT THE
 697 THREAT OF A MEDICAL ASSISTANCE PROVIDER ENROLLMENT AND TRADING PARTNER
 698 AGREEMENT WITHIN THE LAST THREE (3) YEARS;
 699 (E) HAS HAD A STATE ENFORCEMENT ACTION RESULTING IN A REDUCTION IN LICENSE
 700 CAPACITY OR A BAN ON ADMISSIONS WITHIN THE LAST THREE (3) YEARS; OR
 701 (F) DOES HAVE ANY OUTSTANDING DEBT OBLIGATION TO THE STATE OF MICHIGAN FOR
 702 QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP), CIVIL MONETARY PENALTIES (CMP),
 703 MEDICAID LEVEL OF CARE DETERMINATION (LOCD), OR PREADMISSION SCREENING AND
 704 ANNUAL RESIDENT REVIEW (PSARR).

705
 706 (5) A qualifying project will be awarded ~~nine (9)~~10 points if the applicant currently ~~provides~~
 707 PARTICIPATES or ~~demonstrates that it will~~FIVE (5) POINTS IF IT PROPOSES TO participate in a culture
 708 change model, which contains person centered care, ongoing staff training, and measurements of
 709 outcomes. AN ADDITIONAL FIVE (5) POINTS WILL BE AWARDED IF THE CULTURE CHANGE
 710 MODEL, EITHER CURRENTLY USED OR PROPOSED, IS A MODEL IDENTIFIED BY THE
 711 DEPARTMENT.

713 (6) A qualifying project will be awarded points based on the proposed percentage of the "Applicant's
 714 cash" to be applied toward funding the total proposed project cost in accord with the schedule set forth
 715 below AS FOLLOWS:
 716

Percentage "Applicant's Cash"	Points Awarded
Over 20 percent	10
15.1 to 20 percent	8
10.1 to 15 percent – 20%	6
5.1 to 10 percent – 9%	4
1.1 to 5 percent	2
0 to 1 percent	0

717
 718 (7) A qualifying project will be awarded six (6) points if the existing or proposed nursing
 719 home/HLTCU is fully equipped with sprinklers.
 720

721 (8) A qualifying project will be awarded points based on the facility design of the existing or
 722 proposed nursing home:
 723

Facility Design	Points Awarded
80% PRIVATE ROOMS WITH PRIVATE TOILET, SINK, AND SHOWER	10
80% private rooms with private toilet and sink, and central showers with adjacent private changing room for the resident to dress and undress in privacy	6.5
80% private rooms with private toilet, sink, and shower	6
80% private rooms with private sink, shared toilet, and central showers with adjacent private changing room for the resident to dress and undress in privacy	3

724
 725 (9) A QUALIFYING PROJECT WILL BE AWARDED FIVE (5) POINTS IF THE NURSING
 726 HOME/HLTCU OFFERS OR THREE (3) POINTS IF THE NURSING HOME/HLTCU PROPOSES AN
 727 ARRAY OF SERVICES THAT INCLUDES CHOICE IN LIVING ARRANGEMENTS (NURSING FACILITY,
 728 SUPPORTIVE LIVING ASSISTANCE, AND/OR INDEPENDENT HOUSING) AND PROMOTES AGING IN
 729 PLACE.
 730

731 (10) A QUALIFYING PROJECT WILL BE AWARDED POINTS, FOR AN EXISTING OR
 732 PROPOSED NURSING HOME/HLTCU, AS FOLLOWS:
 733

NUMBER OF BEDS	Points Awarded
100 BEDS OR LESS	10
101 – 150 BEDS	5
151 – 200 BEDS	3

734
 735 (11) A QUALIFYING PROJECT WILL BE AWARDED 10 POINTS IF THE APPLICANT PROVIDES
 736 ITS AUDITED FINANCIAL STATEMENTS. AN ADDITIONAL FIVE (5) POINTS WILL BE AWARDED IF
 737 THE AUDITED FINANCIAL STATEMENTS SHOW A POSITIVE CASH FLOW BALANCE.
 738

739 (12) A QUALIFYING PROJECT WILL BE AWARDED FIVE (5) POINTS IF THE PROPOSED BEDS
 740 WILL BE HOUSED IN NEW CONSTRUCTION.

741
742 (13) A QUALIFYING PROJECT WILL BE AWARDED 10 POINTS IF THE EXISTING OR
743 PROPOSED NURSING HOME/HLTCU DOES NOT INCLUDE ANY 3- OR 4-BED WARDS.
744

745 (14) A QUALIFYING PROJECT WILL BE AWARDED 10 POINTS IF THE EXISTING OR
746 PROPOSED NURSING HOME/HLTCU IS ON AN EXISTING PUBLIC TRANSPORTATION ROUTE AND
747 FIVE (5) POINTS IF THE EXISTING OR PROPOSED NURSING HOME/HLTCU IS NOT ON AN
748 EXISTING ROUTE BUT SUPPLIES A LETTER OF SUPPORT FOR THE PROPOSED PROJECT FROM
749 THE LOCAL PUBLIC TRANSPORTATION AUTHORITY.
750

751 (15) SUBMISSION OF CONFLICTING INFORMATION IN THIS SECTION MAY RESULT IN A
752 LOWER POINT AWARD. IF AN APPLICATION CONTAINS CONFLICTING INFORMATION WHICH
753 COULD RESULT IN A DIFFERENT POINT VALUE BEING AWARDED IN THIS SECTION, THE
754 DEPARTMENT WILL AWARD POINTS BASED ON THE LOWER POINT VALUE THAT COULD BE
755 AWARDED FROM THE CONFLICTING INFORMATION. FOR EXAMPLE, IF SUBMITTED
756 INFORMATION WOULD RESULT IN 6 POINTS BEING AWARDED, BUT OTHER CONFLICTING
757 INFORMATION WOULD RESULT IN 12 POINTS BEING AWARDED, THEN 6 POINTS WILL BE
758 AWARDED. IF THE CONFLICTING INFORMATION DOES NOT AFFECT THE POINT VALUE, THE
759 DEPARTMENT WILL AWARD POINTS ACCORDINGLY. FOR EXAMPLE, IF SUBMITTED
760 INFORMATION WOULD RESULT IN 12 POINTS BEING AWARDED AND OTHER CONFLICTING
761 INFORMATION WOULD ALSO RESULT IN 12 POINTS BEING AWARDED, THEN 12 POINTS WILL BE
762 AWARDED. The minimum number of points will be awarded to an applicant under the individual
763 subsections of this Section for conflicting information presented in this Section and related information
764 provided in other sections of the CON application.
765

766 (4016) The Department shall approve those qualifying projects which, WHEN taken together, do not
767 exceed the need as defined in Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan
768 Compiled Laws, and which have the highest number of points when the results of subsections (2) through
769 (914) are totaled. If two or more qualifying projects are determined to have an identical number of points,
770 then the Department shall approve those qualifying projects which, WHEN taken together, do not exceed
771 the need, as defined in Section 22225(1), in the order in which the applications were received by the
772 Department, based on the date and time stamp on the application, when the application is filed.
773

774 Section 11. Project delivery requirements -- terms of approval for all applicants 775

776 Sec. 11. (1) An applicant shall agree that, if approved, the project shall be delivered in compliance
777 with the following terms of CON approval:

778 (a) Compliance with these standards, including the requirements of Section 10.

779 (b) Compliance with Section 22230 of the Code shall be based on the nursing home's/HLTCU's
780 actual Medicaid participation within the time periods specified in these standards. Compliance with
781 Section 10(2)(a) of these standards shall be determined by comparing the nursing home's/HLTCU's actual
782 patient days reimbursed by Medicaid, as a percentage of the total patient days, with the applicable
783 schedule set forth in Section 10(2)(a) for which the applicant had been awarded points in the comparative
784 review process. If any of the following occurs, an applicant shall be required to be in compliance with the
785 range in the schedule immediately below the range for which points had been awarded in Section
786 10(2)(a), instead of the range of points for which points had been awarded in the comparative review in
787 order to be found in compliance with Section 22230 of the Code: (i) the average percentage of Medicaid
788 recipients in all nursing homes/HLTCUs in the planning area decreased by at least 10 percent between
789 the second 12 months of operation after project completion and the most recent 12-month period for which
790 data are available, (ii) the actual rate of increase in the Medicaid program per diem reimbursement to the
791 applicant nursing home/HLTCU is less than the annual inflation index for nursing homes/HLTCUs as
792 defined in any current approved Michigan State Plan submitted under Title XIX of the Social Security Act
793 which contains an annual inflation index, or (iii) the actual percentage of the nursing home's/HLTCU's

794 patient days reimbursed by Medicaid (calculated using total patient days for all existing and proposed
795 nursing home beds at the facility) exceeds the statewide average plus 10 percent of the patient days
796 reimbursed by Medicaid for the most recent year for which data are available from the Michigan
797 Department of Community Health [subsection (iii) is applicable only to Section 10(2)(a)]. In evaluating
798 subsection (ii), the Department shall rely on both the annual inflation index and the actual rate increases in
799 per diem reimbursement to the applicant nursing home/HLTCU and/or all nursing homes/HLTCUs in the
800 HSA provided to the Department by the Michigan Department of Community Health.

801 (c) For projects involving the acquisition of a nursing home/HLTCU, the applicant shall agree to
802 maintain the nursing home's/HLTCU's level of Medicaid participation (patient days and new admissions)
803 for the time periods specified in these standards, within the ranges set forth in Section 10(2)(a) for which
804 the seller or other previous owner/lessee had been awarded points in a comparative review.

805 (d) Compliance with applicable operating standards.

806 (e) Compliance with the following quality assurance standards:

807 (i) For projects involving replacement of an existing nursing home/HLTCU, the current patients of
808 the facility/beds being replaced shall be admitted to the replacement beds when the replacement beds are
809 licensed, to the extent that those patients desire to transfer to the replacement facility/beds.

810 (ii) The applicant will assure compliance with Section 20201 of the Code, being Section 333.20201
811 of the Michigan Compiled Laws.

812 (iii) The applicant shall participate in a data collection network established and administered by the
813 Department or its designee. The data may include, but is not limited to, annual budget and cost
814 information; operating schedules; and demographic, diagnostic, morbidity, and mortality information, as
815 well as the volume of care provided to patients from all payor sources. The applicant shall provide the
816 required data on an individual basis for each licensed site, in a format established by the Department, and
817 in a mutually agreed upon media. The Department may elect to verify the data through on-site review of
818 appropriate records.

819 (iv) The applicant shall provide the Department with a notice stating the date the beds are placed in
820 operation and such notice shall be submitted to the Department consistent with applicable statute and
821 promulgated rules.

822

823 (2) An applicant shall agree that, if approved, and material discrepancies are later determined
824 within the reporting of the ownership and citation history of the applicant facility and all nursing homes
825 under common ownership and control that would have resulted in a denial of the application, shall
826 surrender the CON. This does not preclude an applicant from reapplying with corrected information at a
827 later date.

828

829 (3) The agreements and assurances required by this section shall be in the form of a certification
830 agreed to by the applicant or its authorized agent.

831

832 **Section 12. Department inventory of beds**

833

834 Sec. 12. The Department shall maintain a listing of the Department Inventory of Beds for each
835 planning area.

836

837 **Section 13. Wayne County planning areas**

838

839 Sec. 13. (1) For purposes of these standards the cities and/or townships in Wayne County are
840 assigned to the planning areas as follows:

841

842 Planning Area 84/Northwest Wayne

843

844 Canton Township, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville (part), Northville
845 Township, Plymouth, Plymouth Township, Redford Township, Wayne, Westland

846

847 Planning area 85/Southwest Wayne

848

849 Allen Park, Belleville, Brownstown Township, Ecorse, Flat Rock, Gibraltar, Grosse Ile Township, Huron
850 Township, Lincoln Park, Melvindale, River Rouge, Riverview, Rockwood, Romulus, Southgate, Sumpter
851 Township, Taylor, Trenton, Van Buren Township, Woodhaven, Wyandotte

852

853 Planning area 86/Detroit

854

855 Detroit, Grosse Pointe, Grosse Pointe Township, Grosse Pointe Farms, Grosse Pointe Park, Grosse
856 Pointe Woods, Hamtramck, Harper Woods, Highland Park

857

858 **Section 14. Health Service Areas**

859

860 Sec. 14. Counties assigned to each of the HSAs are as follows:

861

862	HSA	COUNTIES		
863				
864	1	Livingston	Monroe	St. Clair
865		Macomb	Oakland	Washtenaw
866		Wayne		
867				
868	2	Clinton	Hillsdale	Jackson
869		Eaton	Ingham	Lenawee
870				
871	3	Barry	Calhoun	St. Joseph
872		Berrien	Cass	Van Buren
873		Branch	Kalamazoo	
874				
875	4	Allegan	Mason	Newaygo
876		Ionia	Mecosta	Oceana
877		Kent	Montcalm	Osceola
878		Lake	Muskegon	Ottawa
879				
880	5	Genesee	Lapeer	Shiawassee
881				
882	6	Arenac	Huron	Roscommon
883		Bay	Iosco	Saginaw
884		Clare	Isabella	Sanilac
885		Gladwin	Midland	Tuscola
886		Gratiot	Ogemaw	
887				

888	7	Alcona	Crawford	Missaukee
889		Alpena	Emmet	Montmorency
890		Antrim	Gd Traverse	Oscoda
891		Benzie	Kalkaska	Otsego
892		Charlevoix	Leelanau	Presque Isle
893		Cheboygan	Manistee	Wexford
894				
895	8	Alger	Gogebic	Mackinac
896		Baraga	Houghton	Marquette
897		Chippewa	Iron	Menominee
898		Delta	Keweenaw	Ontonagon
899		Dickinson	Luce	Schoolcraft

900

901 **Section 15. Effect on prior CON review standards, comparative reviews**

902

903 Sec. 15. (1) These CON review standards supersede and replace the CON Standards for Nursing

904 Home and Hospital Long-Term-Care Unit (HLTCU) Beds approved by the CON Commission on ~~March~~

905 ~~14~~APRIL 30, 2008 and effective on June 20, 2008.

906

907 (2) Projects reviewed under these standards involving a change in bed capacity shall be subject to

908 comparative review except as follows:

- 909 (a) replacement of an existing nursing home/HLTCU being replaced in a rural county;
- 910 (b) replacement of an existing nursing home/HLTCU in a micropolitan or metropolitan statistical
- 911 area county that is within two miles of the existing nursing home/HLTCU;
- 912 (c) relocation of existing nursing home/HLTCU beds; or
- 913 (d) an increase in beds pursuant to Section 6(1)(d)(ii) or (iii).
- 914

915 (3) Projects reviewed under these standards that relate solely to the acquisition of an existing

916 nursing home/HLTCU or the renewal of a lease shall not be subject to comparative review.

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CON REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

The use rate per 1000 population for each age cohort, for purposes of these standards, until otherwise changed by the Commission, is as follows.

- (i) age 0 - 64: 170 days of care
- (ii) age 65 - 74: 3,126 days of care
- (iii) age 75 - 84: 10,987 days of care
- (iv) age 85 +: 37,368 days of care

CON REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

The bed need numbers, for purposes of these standards, until otherwise changed by the Commission, are as follows:

Planning Area	Bed Need	ADC Adjustment Factor
ALCONA	88	0.90
ALGER	68	0.90
ALLEGAN	426	0.95
ALPENA	173	0.95
ANTRIM	142	0.95
ARENAC	112	0.95
BARAGA	50	0.90
BARRY	252	0.95
BAY	552	0.95
BENZIE	118	0.95
BERRIEN	790	0.95
BRANCH	222	0.95
CALHOUN	651	0.95
CASS	234	0.95
CHARLEVOIX	152	0.95
CHEBOYGAN	181	0.95
CHIPPEWA	189	0.95
CLARE	163	0.95
CLINTON	268	0.95
CRAWFORD	104	0.95
DELTA	234	0.95
DICKINSON	174	0.95
EATON	472	0.95
EMMET	172	0.95
GENESEE	1,938	0.95
GLADWIN	170	0.95
GOGEBIC	114	0.95
GD. TRAVERSE	410	0.95
GRATIOT	255	0.95
HILLSDALE	218	0.95
HOUGHTON/KEWEENAW	168	0.95
HURON	226	0.95

APPENDIX B - continued

			ADC
		Bed	Adjustment
	Planning Area	Need	Factor
985			
986			
987			
988			
989			
990			
991			
992	INGHAM	1,161	0.95
993	IONIA	258	0.95
994	IOSCO	207	0.95
995	IRON	101	0.95
996	ISABELLA	244	0.95
997			
998	JACKSON	794	0.95
999			
1000	KALAMAZOO	1,069	0.95
1001	KALKASKA	81	0.90
1002	KENT	2,388	0.95
1003			
1004	LAKE	83	0.90
1005	LAPEER	352	0.95
1006	LEELANAU	136	0.95
1007	LENAWEE	487	0.95
1008	LIVINGSTON	592	0.95
1009	LUCE	46	0.90
1010			
1011	MACKINAC	79	0.90
1012	MACOMB	4,305	0.95
1013	MANISTEE	154	0.95
1014	MARQUETTE	282	0.95
1015	MASON	166	0.95
1016	MECOSTA	212	0.95
1017	MENOMINEE	140	0.95
1018	MIDLAND	395	0.95
1019	MISSAUKEE	91	0.90
1020	MONROE	645	0.95
1021	MONTCALM	253	0.95
1022	MONTMORENCY	99	0.90
1023	MUSKEGON	779	0.95
1024			
1025	NEWAYGO	219	0.95
1026			
1027	OAKLAND	5,326	0.95
1028	OCEANA	124	0.95
1029	OGEMAW	144	0.95
1030	ONTONAGON	48	0.90
1031	OSCEOLA	106	0.95
1032	OSCODA	85	0.90
1033	OTSEGO	139	0.95
1034	OTTAWA	1,060	0.95
1035			

APPENDIX B - continued

		Bed	ADC
	Planning Area	Need	Adjustment
			Factor
1036			
1037			
1038			
1039			
1040			
1041			
1042			
1043	PRESQUE ISLE	115	0.95
1044			
1045	ROSCOMMON	186	0.95
1046			
1047	SAGINAW	1,039	0.95
1048	ST. CLAIR	754	0.95
1049	ST. JOSEPH	289	0.95
1050	SANILAC	231	0.95
1051	SCHOOLCRAFT	58	0.90
1052	SHIAWASSEE	350	0.95
1053			
1054	TUSCOLA	270	0.95
1055			
1056	VAN BUREN	325	0.95
1057			
1058	WASHTENAW	1,146	0.95
1059	WEXFORD	168	0.95
1060	NW WAYNE	2,563	0.95
1061	SW WAYNE	1,732	0.95
1062			
1063	DETROIT	4,435	0.95
1064			

CON REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM-CARE UNIT BEDS

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Rural Michigan counties are as follows:

Alcona	Hillsdale	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Mason	Schoolcraft
Emmet	Montcalm	Tuscola
Gladwin	Montmorency	
Gogebic	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Gratiot	Mecosta
Alpena	Houghton	Menominee
Benzie	Isabella	Midland
Branch	Kalkaska	Missaukee
Chippewa	Keweenaw	St. Joseph
Delta	Leelanau	Shiawassee
Dickinson	Lenawee	Wexford
Grand Traverse	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Ionia	Newaygo
Bay	Jackson	Oakland
Berrien	Kalamazoo	Ottawa
Calhoun	Kent	Saginaw
Cass	Lapeer	St. Clair
Clinton	Livingston	Van Buren
Eaton	Macomb	Washtenaw
Genesee	Monroe	Wayne
Ingham	Muskegon	

Source:

65 F.R., p. 82238 (December 27, 2000)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget

**CON REVIEW STANDARDS
FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS**

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Michigan nursing home planning areas with a population density of less than 28 individuals per square mile based on 2000 U.S. Census figures.

<u>Planning Area</u>	<u>Population Density Per Square Mile</u>
Ontonagon	6.0
Schoolcraft	7.6
Luce	7.8
Baraga	9.7
Alger	10.7
Iron	11.3
Mackinac	11.7
Oscoda	16.7
Alcona	17.4
Gogebic	15.8
Montmorency	18.8
Lake	20.0
Presque isle	21.8
Menominee	24.3
Chippewa	24.7
Houghton/Keweenaw	24.7
Missaukee	25.5
Crawford	25.6

Source: Michigan Department of Management and Budget and the U.S. Bureau of the Census

1147 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

1148
1149 CON REVIEW STANDARDS
1150 FOR NURSING HOME AND HOSPITAL LONG-TERM CARE UNIT BEDS
1151 --ADDENDUM FOR SPECIAL POPULATION GROUPS
1152

1153 (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
1154 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
1155 sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
1156

1157 **Section 1. Applicability; definitions**
1158

1159 Sec. 1. (1) This addendum supplements the CON Review Standards for Nursing Home and Hospital
1160 Long-term Care Unit Beds and shall be used for determining the need for projects established to better
1161 meet the needs of special population groups within the long-term care and nursing home populations.
1162

1163 (2) Except as provided in sections 2, 3, 4, 5, 6, 7, and 8 of this addendum, these standards
1164 supplement, and do not supersede, the requirements and terms of approval required by the CON Review
1165 Standards for Nursing Home and Hospital Long-term Care Unit Beds.
1166

1167 (3) The definitions which apply to the CON Review Standards for Nursing Home and Hospital Long-
1168 term Care Unit Beds shall apply to these standards.
1169

1170 (4) For purposes of this addendum, the following terms are defined:

1171 (a) "Behavioral patient" means an individual that exhibits a history of chronic behavior management
1172 problems such as aggressive behavior that puts self or others at risk for harm, or an altered state of
1173 consciousness, including paranoia, delusions, and acute confusion.

1174 (b) "Hospice" means a health care program licensed under Part 214 of the Code, being Section
1175 333.21401 *et seq.*

1176 (c) "Infection control program," means a program that will reduce the risk of the introduction of
1177 communicable diseases into a ventilator-dependent unit, provide an active and ongoing surveillance
1178 program to detect the presence of communicable diseases in a ventilator-dependent unit, and respond to
1179 the presence of communicable diseases within a ventilator-dependent unit so as to minimize the spread of
1180 a communicable disease.

1181 (d) "Licensed hospital" means either a hospital licensed under Part 215 of the Code; or
1182 a psychiatric hospital or unit licensed pursuant to Act 258 of the Public Acts of 1974, as amended, being
1183 sections 330.1001 to 330.2106 of the Michigan Compiled Laws.

1184 (e) "Private residence", means a setting other than a licensed hospital; or a nursing home including
1185 a nursing home or part of a nursing home approved pursuant to Section 6.

1186 (f) "Traumatic brain injury (TBI)/spinal cord injury (SCI) patient" means an individual with TBI or
1187 SCI that is acquired or due to a traumatic insult to the brain and its related parts that is not of a
1188 degenerative or congenital nature. These impairments may be either temporary or permanent and cause
1189 partial or total functional disability or psychosocial adjustment.

1190 (g) "Ventilator-dependent patient," means an individual who requires mechanical ventilatory
1191 assistance.
1192

1193 **Section 2. Requirements for approval -- applicants proposing to increase nursing home beds --**
1194 **special use exceptions**
1195

1196 Sec. 2. A project to increase nursing home beds in a planning area which, if approved, would
1197 otherwise cause the total number of nursing home beds in that planning area to exceed the needed
1198 nursing home bed supply or cause an increase in an existing excess as determined under the applicable
1199 CON Review Standards for Nursing Home and Hospital Long-term Care Unit Beds, may nevertheless be
1200 approved pursuant to this addendum.
1201

1202 **Section 3. Statewide pool for the needs of special population groups within the long-term care and**
1203 **nursing home populations**
1204

1205 Sec. 3. (1) A statewide pool of additional nursing home beds of 1,958 beds needed in the state is
1206 established to better meet the needs of special population groups within the long-term care and nursing
1207 home populations. Beds in the pool shall be allocated as follows:

1208 (a) These categories shall be allocated 1,109 beds and distributed as follows and shall be
1209 reduced/redistributed in accordance with subsection (c):

- 1210 (i) TBI/SCI beds will be allocated 400 beds.
- 1211 (ii) Behavioral beds will be allocated 400 beds.
- 1212 (iii) Hospice beds will be allocated 130 beds.
- 1213 (iv) Ventilator-dependent beds will be allocated 179 beds.

1214 (b) The following historical categories have been allocated 849 beds. Additional beds shall not be
1215 allocated to these categories. If the beds within any of these categories are delicensed, the beds shall be
1216 eliminated and not be returned to the statewide pool for special population groups.

- 1217 (i) Alzheimer's disease has 384 beds.
- 1218 (ii) Health care needs for skilled nursing care has 173 beds.
- 1219 (iii) Religious has 292 beds.

1220 (c) The number of beds set aside from the total statewide pool established for categories in
1221 subsection (1)(a) for a special population group shall be reduced if there has been no CON activity for that
1222 special population group during at least 6 consecutive application periods.

1223 (i) The number of beds in a special population group shall be reduced to the total number of beds
1224 for which a valid CON has been issued for that special population group.

1225 (ii) The number of beds reduced from a special population group pursuant to this subsection shall
1226 revert to the total statewide pool established for categories in subsection (1)(a).

1227 (iii) The Department shall notify the Commission of the date when action to reduce the number of
1228 beds set aside for a special population group has become effective and shall identify the number of beds
1229 that reverted to the total statewide pool established for categories in subsection (1)(a).

1230 (iv) For purposes of this subsection, "application period" means the period of time from one
1231 designated application date to the next subsequent designated application date.

1232 (v) For purposes of this subsection, "CON activity" means one or more of the following:

- 1233 (A) CON applications for beds for a special population group have been submitted to the
1234 Department for which either a proposed or final decision has not yet been issued by the Department.
- 1235 (B) Administrative hearings or appeals to court of decisions issued on CON applications for beds for
1236 a special population group are pending resolution.
- 1237 (C) An approved CON for beds for each special population group has expired for lack of appropriate
1238 action by an applicant to implement an approved CON.

1239 (d) By setting aside these beds from the total statewide pool, the Commission's action applies only
1240 to applicants seeking approval of nursing home beds pursuant to sections 4, 5, 6, and 7. It does not
1241 preclude the care of these patients in units of hospitals, hospital long-term care units, nursing homes, or
1242 other health care settings in compliance with applicable statutory or certification requirements.

1243 (2) Increases in nursing home beds approved under this addendum for special population groups
1244 shall not cause planning areas currently showing an unmet bed need to have that need reduced or
1245 planning areas showing a current surplus of beds to have that surplus increased.
1246
1247

1248 **Section 4. Requirements for approval for beds from the statewide pool for special population**
1249 **groups allocated to TBI/SCI patients**
1250

1251 Sec. 4. The CON Commission determines there is a need for beds for applications designed to
1252 determine the efficiency and effectiveness of specialized programs for the care and treatment of TBI/SCI
1253 patients as compared to serving these needs in general nursing home unit(s).
1254

1255 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1256 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1257 satisfaction of the Department each of the following:

1258 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1259 the time an application is submitted, the applicant shall demonstrate that it operates:

1260 (i) A continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1261 patients; and

1262 (ii) A transitional living program or contracts with an organization that operates a transitional living
1263 program and rehabilitative care for TBI/SCI patients.

1264 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1265 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1266 recognized accreditation organization for rehabilitative care and services.

1267 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1268 nationally-recognized accreditation organization for the nursing home beds proposed under this
1269 subsection.

1270 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1271 under this subsection that provides for:

1272 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1273 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1274 TBI/SCI patients.

1275 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1276 activity.

1277 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1278 TBI/SCI patients of various ages.
1279

1280 (2) Beds approved under this subsection shall not be converted to general nursing home use
1281 without a CON for nursing home and hospital long-term care unit beds under the CON review standards
1282 for nursing home and hospital long-term care unit beds and shall not be offered to individuals other than
1283 TBI/SCI patients.
1284

1285 **Section 5. Requirements for approval for beds from the statewide pool for special population**
1286 **groups allocated to behavioral patients**
1287

1288 Sec. 5. The CON Commission determines there is a need for beds for applications designed to
1289 determine the efficiency and effectiveness of specialized programs for the care and treatment of
1290 behavioral patients as compared to serving these needs in general nursing home unit(s).

1291 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1292 existing nursing home/HLTCU under this section shall demonstrate with credible documentation to the
1293 satisfaction of the Department each of the following:

1294 (a) Individual units shall consist of 20 beds or less per unit.

1295 (b) The facility shall not be awarded more than 40 beds.

1296 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1297 activity.

1298 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1299 for the use of the behavioral patients.

1300 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1301 promote visual and spatial orientation.

1302 (f) Staff will be specially trained in treatment of behavioral patients.

1303
1304 (2) Beds approved under this subsection shall not be converted to general nursing home use
1305 without a CON for nursing home and hospital long-term care unit beds under the CON Review Standards
1306 for Nursing Home and Hospital Long-term Care Unit Beds.

1307
1308 (3) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1309 Medicaid.

1310
1311 **Section 6. Requirements for approval for beds from the statewide pool for special population**
1312 **groups allocated to hospice patients**

1313
1314 Sec. 6. The CON Commission determines there is a need for beds for patients requiring both
1315 hospice and long-term nursing care services within the long-term care and nursing home populations.

1316
1317 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1318 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1319 satisfaction of the Department, each of the following:

1320 (a) An applicant shall be a hospice certified by Medicare pursuant to the Code of Federal
1321 Regulations, Title 42, Chapter IV, Subpart B (Medicare programs), Part 418 and shall have been a
1322 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to
1323 the Department.

1324 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an
1325 application is submitted to the Department for which verifiable data are available to the Department, at
1326 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
1327 were provided in a private residence.

1328 (c) An application shall propose 30 beds or less.

1329 (d) An applicant for beds from the special statewide pool of beds shall not be approved if any
1330 application for beds in that same planning area has been approved from the special statewide pool of
1331 beds allocated for hospice.

1332
1333 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1334 Medicaid.

1335
1336 **Section 7. Requirements for approval for beds from the statewide pool for special population**
1337 **groups allocated to ventilator-dependent patients**

1338
1339 Sec. 7. The CON Commission determines there is a need for beds for ventilator-dependent patients
1340 within the long-term care and nursing home populations

1341
1342 (1) An applicant proposing to begin operation of a new nursing home/HLTCU or add beds to an
1343 existing nursing home/HLTCU under this section shall demonstrate, with credible documentation to the
1344 satisfaction of the Department, each of the following:

1345 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing
1346 home beds.

1347 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.

1348 (c) The proposed unit will serve only ventilator-dependent patients.

1349
1350 (2) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1351 Medicaid.

1353 **Section 8. Acquisition of nursing home/HLTCU beds approved pursuant to this addendum**
1354

1355 Sec. 8. (1) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1356 special population groups allocated to religious shall meet the following:

1357 (a) The applicant is a part of, closely affiliated with, controlled, sanctioned or supported by a
1358 recognized religious organization, denomination or federation as evidenced by documentation of its
1359 federal tax exempt status as a religious corporation, fund, or foundation under section 501(c)(3) of the
1360 United States Internal Revenue Code.

1361 (b) The applicant's patient population includes a majority of members of the religious organization
1362 or denomination represented by the sponsoring organization.

1363 (c) The applicant's existing services and/or operations are tailored to meet certain special needs of
1364 a specific religion, denomination or order, including unique dietary requirements, or other unique religious
1365 needs regarding ceremony, ritual, and organization which cannot be satisfactorily met in a secular setting.

1366 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1367 Medicaid.

1368 (2) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1369 special population groups allocated to TBI/SCI shall meet the following:

1370 (a) The beds will be operated as part of a specialized program exclusively for TBI/SCI patients. At
1371 the time an application is submitted, the applicant shall demonstrate that it operates:

1372 (i) a continuum of outpatient treatment, rehabilitative care, and support services for TBI/SCI
1373 patients; and

1374 (ii) a transitional living program or contracts with an organization that operates a transitional living
1375 program and rehabilitative care for TBI/SCI patients.

1376 (b) The applicant shall submit evidence of accreditation of its existing outpatient and/or residential
1377 programs by the Commission on Accreditation of Rehabilitation Facilities (CARF) or another nationally-
1378 recognized accreditation organization for rehabilitative care and services.

1379 (c) Within 24-months of accepting its first patient, the applicant shall obtain CARF or another
1380 nationally-recognized accreditation organization for the nursing home beds proposed under this
1381 subsection.

1382 (d) A floor plan for the proposed physical plant space to house the nursing home beds allocated
1383 under this subsection that provides for:

1384 (i) Individual units consisting of 20 beds or less per unit, not to be more than 40 beds per facility.

1385 (ii) Day/dining area within, or immediately adjacent to, the unit(s), which is solely for the use of
1386 TBI/SCI patients.

1387 (iii) Direct access to a secure outdoor or indoor area at the facility appropriate for supervised
1388 activity.

1389 (e) The applicant proposes programs to promote a culture within the facility that is appropriate for
1390 TBI/SCI patients of various ages.

1391 (3) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1392 special population groups allocated to Alzheimer's disease shall meet the following:

1393 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1394 only patients which require long-term nursing care and have been appropriately classified as a patient on
1395 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1396 level 4 (when accompanied by continuous nursing needs), 5, or 6.

1397 (b) The specialized program will participate in the state registry for Alzheimer's disease.

1398 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1399 home and be no larger than 20 beds in size.

1400 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at the
1401 health facility, appropriate for unsupervised activity.

1402 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1403 which is solely for the use of the Alzheimer's unit patients.

1404 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1405 reflections to promote visual and spatial orientation.
1406
1407

- 1408 (g) Staff will be specially trained in Alzheimer's disease treatment.
- 1409 (h) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1410 Medicaid.
- 1411
- 1412 (4) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1413 special population groups allocated to behavioral patients shall meet the following:
- 1414 (a) Individual units shall consist of 20 beds or less per unit.
- 1415 (b) The facility shall not be awarded more than 40 beds.
- 1416 (c) The proposed unit shall have direct access to a secure outdoor or indoor area for supervised
1417 activity.
- 1418 (d) The unit shall have within the unit or immediately adjacent to it a day/dining area which is solely
1419 for the use of the behavioral patients.
- 1420 (e) The physical environment of the unit shall be designed to minimize noise and light reflections to
1421 promote visual and spatial orientation.
- 1422 (f) Staff will be specially trained in treatment of behavioral patients.
- 1423 (g) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1424 Medicaid.
- 1425
- 1426 (5) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1427 special population groups allocated to hospice shall meet the following:
- 1428 (a) An applicant shall be a hospice certified by Medicare pursuant to the code of Federal
1429 Regulations, Title 42, Chapter IV, Subpart B (Medicare Programs), Part 418 and shall have been a
1430 Medicare certified hospice for at least 24 continuous months prior to the date an application is submitted to
1431 the Department.
- 1432 (b) An applicant shall demonstrate that, during the most recent 12-month period prior to the date an
1433 application is submitted to the Department for which verifiable data are available to the Department, at
1434 least 64% of the total number of hospice days of care provided to all of the clients of the applicant hospice
1435 were provided in a private residence.
- 1436 (c) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1437 Medicaid.
- 1438
- 1439 (6) An applicant proposing to acquire nursing home/HLTCU beds from the statewide pool for
1440 special population groups allocated to ventilator-dependent patients shall meet the following:
- 1441 (a) An applicant proposes a program for caring for ventilator-dependent patients in licensed nursing
1442 home beds.
- 1443 (b) An application proposes no more than 40 beds that will be licensed as nursing home beds.
- 1444 (c) The proposed unit will serve only ventilator-dependent patients.
- 1445 (d) All beds approved pursuant to this subsection shall be dually certified for Medicare and
1446 Medicaid.

1447

1448 **Section 9. Project delivery requirements -- terms of approval for all applicants seeking approval**
1449 **under Section 3(1) of this addendum**

1450

1451 Sec. 9. (1) An applicant shall agree that if approved, the services shall be delivered in compliance
1452 with the terms of approval required by the CON Review Standards for Nursing Home and Hospital Long-
1453 term Care Unit Beds.

1454

1455 (2) An applicant for beds from the statewide pool for special population groups allocated to religious
1456 shall agree that, if approved, the services provided by the specialized long-term care beds shall be
1457 delivered in compliance with the following term of CON approval:

1458 (a) The applicant shall document, at the end of the third year following initiation of beds approved
1459 an annual average occupancy rate of 95 percent or more. If this occupancy rate has not been met, the
1460 applicant shall delicense a number of beds necessary to result in a 95 percent occupancy based upon its
1461 average daily census for the third full year of operation.

1462

- 1463 (3) An applicant for beds from the statewide pool for special population groups allocated to
1464 Alzheimer's disease shall agree that if approved:
1465
- 1466 (a) The beds are part of a specialized program for Alzheimer's disease which will admit and treat
1467 only patients which require long-term nursing care and have been appropriately classified as a patient on
1468 the Global Deterioration Scale (GDS) for age-associated cognitive decline and Alzheimer's disease as a
1469 level 4 (when accompanied by continuous nursing needs), 5, or 6.
 - 1470 (b) The specialized program will participate in the state registry for Alzheimer's disease.
 - 1471 (c) The specialized program shall be attached or geographically adjacent to a licensed nursing
1472 home and be no larger than 20 beds in size.
 - 1473 (d) The proposed Alzheimer's unit shall have direct access to a secure outdoor or indoor area at the
1474 health facility, appropriate for unsupervised activity.
 - 1475 (e) The Alzheimer's unit shall have within the unit or immediately adjacent to it a day/dining area
1476 which is solely for the use of the Alzheimer's unit patients.
 - 1477 (f) The physical environment of the Alzheimer's unit shall be designed to minimize noise and light
1478 reflections to promote visual and spatial orientation.
 - 1479 (g) Staff will be specially trained in Alzheimer's disease treatment.
1480
- 1481 (4) An applicant for beds from the statewide pool for special population groups allocated to hospice
1482 shall agree that, if approved, all beds approved pursuant to that subsection shall be operated in
1483 accordance with the following CON terms of approval.
- 1484 (a) An applicant shall maintain Medicare certification of the hospice program and shall establish
1485 and maintain the ability to provide, either directly or through contractual arrangements, hospice services
1486 as outlined in the Code of Federal Regulations, Title 42, Chapter IV, Subpart B, Part 418, hospice care.
 - 1487 (b) The proposed project shall be designed to promote a home-like atmosphere that includes
1488 accommodations for family members to have overnight stays and participate in family meals at the
1489 applicant facility.
 - 1490 (c) An applicant shall not refuse to admit a patient solely on the basis that he/she is HIV positive,
1491 has AIDS or has AIDS related complex.
 - 1492 (d) An applicant shall make accommodations to serve patients that are HIV positive, have AIDS or
1493 have AIDS related complex in nursing home beds.
 - 1494 (e) An applicant shall make accommodations to serve children and adolescents as well as adults in
1495 nursing home beds.
 - 1496 (f) Nursing home beds shall only be used to provide services to individuals suffering from a
1497 disease or condition with a terminal prognosis in accordance with Section 21417 of the Code, being
1498 Section 333.21417 of the Michigan Compiled Laws.
 - 1499 (g) An applicant shall agree that the nursing home beds shall not be used to serve individuals not
1500 meeting the provisions of Section 21417 of the Code, being Section 333.21417 of the Michigan Compiled
1501 Laws, unless a separate CON is requested and approved pursuant to applicable CON review standards.
 - 1502 (h) An applicant shall be licensed as a hospice program under Part 214 of the Code, being Section
1503 333.21401 et seq. of the Michigan Compiled Laws.
 - 1504 (i) An applicant shall agree that at least 64% of the total number of hospice days of care provided
1505 by the applicant hospice to all of its clients will be provided in a private residence.
1506
- 1507 (5) An applicant for beds from the statewide pool for special population groups allocated to
1508 ventilator-dependent patients shall agree that, if approved, all beds approved pursuant to that subsection
1509 shall be operated in accordance with the following CON terms of approval.
- 1510 (a) An applicant shall staff the proposed ventilator-dependent unit with employees that have been
1511 trained in the care and treatment of ventilator-dependent patients and includes at least the following:
1512 (i) A medical director with specialized knowledge, training, and skills in the care of ventilator-
1513 dependent patients.
 - 1514 (ii) A program director that is a registered nurse.
 - 1515 (b) An applicant shall make provisions, either directly or through contractual arrangements, for at
1516 least the following services:
1517 (i) respiratory therapy.

- 1518 (ii) occupational and physical therapy.
- 1519 (iii) psychological services.
- 1520 (iv) family and patient teaching activities.
- 1521 (c) An applicant shall establish and maintain written policies and procedures for each of the
- 1522 following:
- 1523 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
- 1524 appropriate for admission to the ventilator-dependent unit. At a minimum, the criteria shall address the
- 1525 amount of mechanical ventilatory dependency, the required medical stability, and the need for ancillary
- 1526 services.
- 1527 (ii) The transfer of patients requiring care at other health care facilities.
- 1528 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
- 1529 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge.
- 1530 (iv) Patient rights and responsibilities in accordance with Sections 20201 and 20202 of the Code,
- 1531 being Sections 333.20201 and 333.20202 of the Michigan Compiled Laws.
- 1532 (v) The type of ventilatory equipment to be used on the unit and provisions for back-up equipment.
- 1533 (d) An applicant shall establish and maintain an organized infection control program that has written
- 1534 policies for each of the following:
- 1535 (i) use of intravenous infusion apparatus, including skin preparation, monitoring skin site, and
- 1536 frequency of tube changes.
- 1537 (ii) placement and care of urinary catheters.
- 1538 (iii) care and use of thermometers.
- 1539 (iv) care and use of tracheostomy devices.
- 1540 (v) employee personal hygiene.
- 1541 (vi) aseptic technique.
- 1542 (vii) care and use of respiratory therapy and related equipment.
- 1543 (viii) isolation techniques and procedures.
- 1544 (e) An applicant shall establish a multi-disciplinary infection control committee that meets on at
- 1545 least a monthly basis and includes the director of nursing, the ventilator-dependent unit program director,
- 1546 and representatives from administration, dietary, housekeeping, maintenance, and respiratory therapy.
- 1547 This subsection does not require a separate committee, if an applicant organization has a standing
- 1548 infection control committee and that committee's charge is amended to include a specific focus on the
- 1549 ventilator-dependent unit.
- 1550 (f) The proposed ventilator-dependent unit shall have barrier-free access to an outdoor area in the
- 1551 immediate vicinity of the unit.
- 1552 (g) An applicant shall agree that the beds will not be used to service individuals that are not
- 1553 ventilator-dependent unless a separate CON is requested and approved by the Department pursuant to
- 1554 applicable CON review standards.
- 1555 (h) An applicant shall provide data to the Department that evaluates the cost efficiencies that result
- 1556 from providing services to ventilator-dependent patients in a hospital.
- 1557
- 1558 (6) An applicant for beds from the statewide pool for special population groups allocated to TBI/SCI
- 1559 patients shall agree that if approved:
- 1560 (a) An applicant shall staff the proposed unit for TBI/SCI patients with employees that have been
- 1561 trained in the care and treatment of such individuals and includes at least the following:
- 1562 (i) A medical director with specialized knowledge, training, and skills in the care of TBI/SCI
- 1563 patients.
- 1564 (ii) A program director that is a registered nurse.
- 1565 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.
- 1566 (b) An applicant shall establish and maintain written policies and procedures for each of the
- 1567 following:
- 1568 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
- 1569 appropriate for admission to the unit for TBI/SCI patients. At a minimum, the criteria shall address the
- 1570 required medical stability and the need for ancillary services, including dialysis services.

1571 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1572 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1573 any patient who requires such care.

1574 (iii) Upon admission and periodically thereafter, a comprehensive needs assessment, a treatment
1575 plan, and a discharge plan that at a minimum addresses the care needs of a patient following discharge,
1576 including support services to be provided by transitional living programs or other outpatient programs or
1577 services offered as part of a continuum of care to TBI patients by the applicant.

1578 (iv) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1579 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1580 (v) Quality assurance and assessment program to assure that services furnished to TBI/SCI
1581 patients meet professional recognized standards of health care for providers of such services and that
1582 such services were reasonable and medically appropriate to the clinical condition of the TBI patient
1583 receiving such services.

1584
1585 (7) An applicant for beds from the statewide pool for special population groups allocated to
1586 behavioral patients shall agree that if approved:

1587 (a) An applicant shall staff the proposed unit for behavioral patients with employees that have been
1588 trained in the care and treatment of such individuals and includes at least the following:

1589 (i) A medical director with specialized knowledge, training, and skills in the care of behavioral
1590 patients.

1591 (ii) A program director that is a registered nurse.

1592 (iii) Other professional disciplines required for a multi-disciplinary team approach to care.

1593 (b) An applicant shall establish and maintain written policies and procedures for each of the
1594 following:

1595 (i) Patient admission criteria that describe minimum and maximum characteristics for patients
1596 appropriate for admission to the unit for behavioral patients.

1597 (ii) The transfer of patients requiring care at other health care facilities, including a transfer
1598 agreement with one or more acute-care hospitals in the region to provide emergency medical treatment to
1599 any patient who requires such care.

1600 (iii) Utilization review, which shall consider the rehabilitation necessity for the service, quality of
1601 patient care, rates of utilization and other considerations generally accepted as appropriate for review.

1602 (iv) quality assurance and assessment program to assure that services furnished to behavioral
1603 patients meet professional recognized standards of health care for providers of such services and that
1604 such services were reasonable and medically appropriate to the clinical condition of the behavioral patient
1605 receiving such services.

1606 (v) Orientation and annual education/competencies for all staff, which shall include care guidelines,
1607 specialized communication, and patient safety.

1608

1609 **Section 10. Comparative reviews, effect on prior CON review standards**

1610

1611 Sec. 10. (1) Projects proposed under Section 4 shall be considered a distinct category and shall be
1612 subject to comparative review on a statewide basis.

1613

1614 (2) Projects proposed under Section 5 shall be considered a distinct category and shall be subject
1615 to comparative review on a statewide basis.

1616

1617 (3) Projects proposed under Section 6 shall be considered a distinct category and shall be subject
1618 to comparative review on a statewide basis.

1619

1620 (4) Projects proposed under Section 7 shall be considered a distinct category and shall be subject
1621 to comparative review on a statewide basis.

1622

1623 (5) These CON review standards supercede and replace the CON Review Standards for Nursing
1624 Home and Long-term Care Unit Beds--Addendum for Special Population Groups approved by the
1625 Commission on March 11, 2008 and effective on June 2, 2008.

